

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/

ANOREXIANTS

amphetamine salt combo er
armodafinil
atomoxetine hcl
benzphetamine hcl
caffeine citrated
caffeine/sodium benzoate [INJ]
clonidine hcl er
DAYTRANA
dexmethylphenidate er
dextroamphetamine sulfate
dextroamphetamine sulfate er
diethylpropion hcl
EVEKEO
guanfacine er
methamphetamine hcl
methylphenidate cd
methylphenidate er
methylphenidate hcl
methylphenidate la
modafinil
MYDAYIS
phendimetrazine tartrate
phendimetrazine tartrate er
phentermine hcl
QUILLICHEW ER
QUILLIVANT XR
VYVANSE

Amethyst TABLET 90-20 MCG Oral

amethyst

AMINOGLYCOSIDES

AMIKACIN [INJ]
gentamicin sulfate
gentamicin sulfate [INJ]

gentamicin sulfate in ns
GENTAMICIN SULFATE IN NS 100MG/50ML
kanamycin sulfate [INJ]
KANAMYCIN SULFATE POWDER [INJ]
neomycin sulfate
paromomycin sulfate
tobramycin sulfate [INJ]
tobramycin sulfate in ns

ANALGESICS - ANTI-INFLAMMATORY

CALDOLOR [INJ]
celecoxib
diclofenac potassium
diclofenac sodium
DICLOFENAC SODIUM POWDER
diclofenac sodium/misoprostol del rel
ENBREL [INJ]
etodolac
etodolac er
fenopropfen calcium
HUMIRA [INJ]
ibuprofen
ibuprofen lysine
indomethacin
indomethacin er
ketoprofen er
leflunomide
meclofenamate sodium
mefenamic acid
meloxicam
nabumetone
naproxen
naproxen sodium
OTREXUP
oxaprozin
piroxicam
RIDAURA
SIMPONI 100MG/ML
sulindac

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

tolmetin sodium

ANALGESICS - NonNarcotic

acetaminophen-diphenhydramine
butalbital compound
butalbital/apap/caffeine
butalbital/aspirin/caffeine
choline mag trisalicylate
clonidine [INJ]
diflunisal
OFIRMEV [INJ]
SALICYLAMIDE
salsalate

ANALGESICS - OPIOID

acetaminophen/codeine
alfentanil hcl [INJ]
buprenorphine [INJ]
buprenorphine/naloxone
butalbital compound/codeine
butalbital/caff/apap/codeine
butorphanol [INJ]
BUTRANS
codeine sulfate
dihydrocodeine/aspirin/caffeine
fentanyl citrate
hydrocodone/acetaminophen
hydrocodone/ibuprofen
hydromorphone hcl
INFUMORPH
levorphanol tartrate
methadone hcl
morphine sulfate
morphine sulfate cr
morphine sulfate er
nalbuphine hcl [INJ]
oxycodone hcl
oxycodone hcl/ibuprofen
oxycodone w/aspirin
oxycodone/acetaminophen

OXYCONTIN ER
oxymorphone hcl
oxymorphone hcl er
pentazocine lactate
remifentanil hcl
SUBOXONE
sufentil 50mcg/ml ampul [INJ]
tramadol hcl
tramadol hcl er
tramadol/acetaminophen
ULTIVA [INJ]
ZUBSOLV

ANDROGENS-ANABOLIC

ANDRODERM
danazol
FLUOXYMESTERONE
METHITEST
oxandrolone
testosterone cypionate [INJ]
testosterone enanthate [INJ]
testosterone gel

ANORECTAL AGENTS

CORTIFOAM
hydrocortisone/pramoxine
lidocaine-hc
pramcort
RECTIV

ANTHELMINTICS

ALBENZA
BENZNIDAZOLE
EMVERM
ivermectin
praziquantel

ANTI-INFECTIVE AGENTS - MISC.

ALINIA
atovaquone

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

bacitracin
bacitracin [INJ]
clindamycin hcl
clindamycin palmitate hcl
clindamycin phosphate [INJ]
CLINDAMYCIN PHOSPHATE [INJ]
clindamycin phosphate/dextrose [INJ]
colistimethate [INJ]
CUBICIN RF
dapson
DORIBAX
imipenem-cilastatin [INJ]
INVANZ [INJ]
linezolid
MEROPENEM - 0.9% NACL [INJ]
metronidazole
NEBUPENT [INJ]
polymyxin b sulfate [INJ]
sulfamethoxazole/trimethoprim
SYNERCID [INJ]
tigecycline
tinidazole
trimethoprim
VIBATIV [INJ]
XIFAXAN

ANTIANGINAL AGENTS

DILATRATE-SR
isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate er
nitroglycerin
nitroglycerin er
nitroglycerin in d5w [INJ]
nitroglycerin spray
nitroglycerin tablets
RANEXA

ANTIANSIETY AGENTS

alprazolam
alprazolam er
alprazolam ODT
buspirone hcl
chlordiazepoxide hcl
clorazepate dipotassium
hydroxyzine hcl
hydroxyzine pamoate
lorazepam
oxazepam

ANTIARRHYTHMICS

adenosine [INJ]
amiodarone hcl
dofetilide
flecainide acetate
ibutilide fumarate [INJ]
lidocaine hcl in 7.5% dextrose [INJ]
mexiletine hcl
procainamide hcl [INJ]
propafenone hcl
propafenone hcl er
quinidine gluconate [INJ]
quinidine gluconate er
quinidine sulfate
QUINIDINE SULFATE

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ADVAIR DISKUS
ADVAIR HFA
ALBUTEROL
albuterol sulfate
aminophylline [INJ]
ANORO ELLIPTA
ARCAPTA NEOHALER
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX, HFA
BREQ ELLIPTA

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

COMBIVENT RESPIMAT
 DALIRESP
 difil-g
 DULERA
 ephedrine sulfate
 FLOVENT DISKUS
 FLOVENT HFA
 INCRUSE ELLIPTA
 ipratropium bromide
 ipratropium/albuterol nebulization
 levalbuterol hcl
 metaproterenol sulfate
 montelukast sodium
 PERFORMIST [INJ]
 PROAIR HFA
 PROAIR RESPICLICK
 PULMICORT FLEXHALER
 QVAR
 QVAR REDIHALER
 SEREVENT DISKUS
 SPIRIVA RESPIMAT
 STIOLTO RESPIMAT
 SYMBICORT
 terbutaline sulfate
 theophylline anhydrous drops er 12 hr
 theophylline anhydrous er
 TRELEGY ELLIPTA
 VENTOLIN HFA
 zafirlukast

ANTICOAGULANTS

bivalirudin
 COUMADIN 5MG VIAL [INJ]
 ELIQUIS
 enoxaparin sodium [INJ]
 fondaparinux sodium
 heparin lock flush [INJ]
 heparin sodium in 0.45% nacl [INJ]
 heparin sodium in 5% dextrose [INJ]
 heparin sodium syringe

warfarin sodium
 XARELTO

ANTICONVULSANTS

carbamazepine
 carbamazepine er
 CELONTIN
 clonazepam
 clonazepam ODT
 diazepam
 DIAZEPAM POWDER
 diazepam rectal gel
 DILANTIN 30MG
 divalproex sodium
 divalproex sodium er
 ethosuximide
 felbamate
 fosphenytoin sodium
 gabapentin
 lamotrigine
 lamotrigine er
 levetiracetam
 levetiracetam er
 LYRICA
 oxcarbazepine
 PEGANONE
 phenytoin
 phenytoin sodium
 primidone
 roweepra
 ROWEEPRA XR
 tiagabine hcl
 topiramate
 valproate sodium
 valproic acid
 VALPROIC ACID
 zonisamide

ANTIDEPRESSANTS

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.



2019 Enhanced Formulary

amitriptyline hcl	GLUCAGEN [INJ]
amoxapine 150mg	GLUCAGON
amoxapine 25mg	glyburide
bupropion er (12 hour)	glyburide micronized
bupropion hcl	glyburide/metformin hcl
bupropion hcl er	HUMALOG [INJ]
bupropion hcl xl er	HUMALOG JUNIOR KWIKPEN
bupropion sr	HUMULIN 70/30 KWIKPEN [INJ] [OTC]
citalopram hbr	HUMULIN N
clomipramine hcl	HUMULIN N KWIKPEN [INJ] [OTC]
desipramine hcl	HUMULIN R 500 UNITS [INJ] [OTC]
desvenlafaxine succinate er	HUMULIN R U-500 KWIKPEN
doxepin hcl	INVOKAMET
duloxetine	INVOKAMET XR
escitalopram oxalate	INVOKANA
FETZIMA	JANUMET
fluoxetine	JANUMET XR
FLUOXETINE POWDER	JANUVIA
flvoxamine maleate er	JENTADUETO
imipramine hcl	JENTADUETO XR
imipramine pamoate	LANTUS [INJ]
mirtazapine	LANTUS SOLOSTAR [INJ]
mirtazapine disintegrating	LEVEMIR [INJ]
nortriptyline hcl	LEVEMIR, FLEXTOUCH
paroxetine hcl	metformin hcl
paroxetine hcl er	metformin hcl er
phenelzine sulfate	nateglinide
tranylcypromine sulfate	NOVOLIN 70-30
trazodone hcl	NOVOLIN N
trimipramine maleate	NOVOLIN R
venlafaxine hcl	NOVOLOG [INJ]
venlafaxine hcl er	NOVOLOG FLEXPEN
VIIBRYD	NOVOLOG MIX 70-30
	OZEMPIC
	pioglitazone hcl
	pioglitazone/glimepiride
	pioglitazone/metformin
	PROGLYCEM
	repaglinide
	repaglinide/metformin

ANTIDIABETICS

acarbose
BYETTA [INJ]
glimepiride
glipizide
glipizide er

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

SOLIQUA 100-33
 SYMLINPEN 120
 SYMLINPEN 60 [INJ]
 tolazamide
 tolbutamide
 TOUJEO MAX SOLOSTAR
 TOUJEO SOLOSTAR
 TRAJENTA
 TRESIBA FLEXTOUCH U-100
 TRESIBA FLEXTOUCH U-200
 TRULICITY
 VICTOZA [INJ]
 XIGDUO XR
 XULTOPHY 100-3.6

ANTIDIARRHEALS

diphenoxylate/atropine
 opium
 paregoric

ANTIDOTES

CHEMET
 deferoxamine [INJ]
 flumazenil [INJ]
 fomepizole
 naloxone hcl [INJ]
 NALOXONE HCL POWDER [INJ]
 naltrexone hydrochloride
 NARCAN
 physostigmine salicylate [INJ]
 PHYSOSTIGMINE SALICYLATE [INJ]
 sodium thiosulfate [INJ]
 SODIUM THIOSULFATE [INJ]
 VISTOGARD

ANTIDOTES AND SPECIFIC ANTAGONISTS

BAL IN OIL [INJ]
 PROTOPAM CHLORIDE [INJ]

ANTIEMETICS

AKYNZEO
 aprepitant capsule, dose pack
 dimenhydrinate [INJ]
 EMEND 40MG; 125MG CAPSULE
 granisetron hcl
 granisol
 MECLIZINE HCL POWDER
 ondansetron ODT
 palonosetron hcl
 SANCUSO
 trimethobenzamide hcl
 VARUBI

ANTIFUNGALS

AMBISOME [INJ]
 amphotericin [INJ]
 caspofungin acetate
 CRESEMBA
 fluconazole
 fluconazole in dextrose
 fluconazole in saline
 flucytosine
 griseofulvin
 griseofulvin ultramicrosize
 itraconazole
 ketoconazole
 LAMISIL
 MYCAMINE [INJ]
 NOXAFIL
 nystatin
 NYSTATIN
 SPORANOX SOLUTION
 terbinafine
 TERBINAFINE
 voriconazole

ANTIHISTAMINES

arbinoxa
 carbinoxamine
 cetirizine syrup

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

clemastine fumarate
 cyproheptadine hcl
 desloratadine
 desloratadine disintegrating tablets
 dexchlorpheniramine maleate er
 diphenhydramine [INJ]
 diphenhydramine hcl
 DOXYLAMINE SUCCINATE
 levocetirizine dihydrochloride
 promethazine hcl
 promethegan

ANTHYPERLIPIDEMICS

atorvastatin calcium
 cholestyramine
 cholestyramine light
 colesevelam hcl
 colestipol hcl
 ezetimibe
 ezetimibe/simvastatin
 fenofibrate
 fenofibric acid
 fenofibric acid dr
 fluvastatin sodium
 gemfibrozil
 JUXTAPID
 LIPOFEN
 LIVALO
 lovastatin
 niacin er
 omega-3-acid ethyl esters
 pravastatin sodium
 rosuvastatin
 simvastatin
 VASCEPA

ANTHYPERTENSIVES

amlodipine/olmesartan
 amlodipine/valsartan
 amlodipine/valsartan/hctz

atenolol/chlorthalidone
 benazepril hcl
 benazepril/hctz
 bisoprolol fumarate/hctz
 BYVALSON
 candesartan cilexetil
 candesartan/hydrochlorothiazide
 captopril
 captopril/hydrochlorothiazide
 clonidine hcl
 clonidine/chlorthalidone
 DEMSER
 doxazosin mesylate
 enalapril maleate
 enalapril maleate/hctz
 enalaprilat [INJ]
 eplerenone
 fosinopril sodium
 fosinopril/hydrochlorothiazide
 guanfacine hcl
 hydralazine hcl
 irbesartan
 irbesartan/hydrochlorothiazide
 lisinopril
 lisinopril/hctz
 losartan potassium
 losartan/hydrochlorothiazide
 methyl dopa
 methyl dopa/hydrochlorothiazide
 methyl dopate hcl [INJ]
 metoprolol/hydrochlorothiazide
 minoxidil
 moexipril hcl
 moexipril/hydrochlorothiazide
 nadolol-bendroflumethiazide
 olmesartan medoxomil
 olmesartan medoxomil/hctz
 olmesartan/amlodipine/hctz
 perindopril erbumine
 phentolamine mesylate [INJ]

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

prazosin hcl
 propranolol/hctz
 quinapril
 quinapril/hydrochlorothiazide
 ramipril
 reserpine
 terazosin hcl
 trandolapril
 trandolapril/verapamil er
 valsartan
 valsartan/hydrochlorothiazide

ANTIMALARIALS

atovaquone/proguanil hcl
 chloroquine phosphate
 COARTEM
 DARAPRIM
 hydroxychloroquine sulfate
 mefloquine hcl
 PRIMAQUINE
 quinine sulfate

ANTIMYASTHENIC AGENTS

guanidine hcl
 MESTINON SYRUP
 neostigmine methylsulfate [INJ]
 pyridostigmine bromide

ANTIMYCOBACTERIAL AGENTS

CAPASTAT SULFATE [INJ]
 ethambutol hcl
 isoniazid
 PRIFTIN
 pyrazinamide
 rifabutin
 SIRTURO

**ANTINEOPLASTIC & IMMUNOSUPPRESSANT
 DRUGS**

amifostine [INJ]

**ANTINEOPLASTICS AND ADJUNCTIVE
 THERAPIES**

AFINITOR
 AFINITOR DISPERZ
 anastrozole
 ANASTROZOLE POWDER
 ARRANON [INJ]
 azacitidine [INJ]
 bicalutamide
 BICNU [INJ]
 bleomycin [INJ]
 BUSULFEX [INJ]
 calcium folinate [INJ]
 capecitabine
 carboplatin [INJ]
 CEENU
 cisplatin [INJ]
 CISPLATIN POWDER [INJ]
 cladribine [INJ]
 CLOLAR [INJ]
 cyclophosphamide [INJ]
 CYCLOPHOSPHAMIDE [INJ]
 cytarabine [INJ]
 dacarbazine [INJ]
 dactinomycin [INJ]
 daunorubicin [INJ]
 decitabine [INJ]
 DEPO-PROVERA 400 MG/ML [INJ]
 dexrazoxane [INJ]
 doxorubicin hcl [INJ]
 doxorubicin hcl liposomal [INJ]
 EMCYT
 epirubicin hcl [INJ]
 ERLEADA
 etoposide
 ETOPOSIDE POWDER
 exemestane
 FARESTON

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

floxuridine [INJ]
 fludarabine phosphate [INJ]
 flutamide
 HEXALEN
 hydroxyprogesterone caproate
 hydroxyurea
 HYDROXYUREA POWDER
 ifosfamide-mesna
 INTRON A [INJ]
 JEVTANA [INJ]
 KYMRIA
 letrozole
 leucovorin calcium
 LEUKERAN
 levoleucovorin calcium [INJ]
 LONSURF
 LUPRON DEPOT 11.25MG [INJ]
 LUPRON DEPOT 3.75MG
 LYSODREN
 MARQIBO
 MATULANE
 megestrol acetate
 mercaptopurine
 MESNEX 400MG TABLET
 methotrexate
 MYLERAN
 MYLOTARG
 NEXAVAR
 ONTAK [INJ]
 PROVENGE [INJ]
 PURIXAN
 QUADRAMET [INJ]
 RASUVO
 REVLIMID
 SPRYCEL
 SUTENT
 TABLOID
 tamoxifen citrate
 TARCEVA
 TASIGNA

THERACYS [INJ]
 TRELSTAR VIAL
 VORAXAZE [INJ]
 XALKORI
 XOFIGO [INJ]
 XTANDI
 YESCARTA
 ZALTRAP [INJ]
 ZEVALIN
 ZOLADEX
 ZYTIGA

ANTIPARKINSON AGENTS

amantadine hcl
 benztropine [INJ]
 benztropine mesylate
 carbidopa/levodopa
 carbidopa/levodopa er
 carbidopa/levodopa ODT
 carbidopa/levodopa/entacapone
 entacapone
 pramipexole er
 rasagiline mesylate
 ropinirole hcl
 ropinirole hcl er
 selegiline hcl
 trihexyphenidyl hcl

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ABILIFY MAINTENA, ER
 aripiprazole ODT
 aripiprazole tablets
 ARISTADA
 chlorpromazine [INJ]
 clozapine
 clozapine ODT
 fluphenazine decanoate [INJ]
 FLUPHENAZINE DECANOATE 2.5% [INJ]
 fluphenazine hcl
 haloperidol

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

haloperidol decanoate [INJ]
 haloperidol lactate [INJ]
 LATUDA
 lithium carbonate
 lithium carbonate er
 loxapine succinate
 olanzapine
 olanzapine ODT
 perphenazine
 prochlorperazine edisylate [INJ]
 prochlorperazine maleate
 quetiapine fumarate
 quetiapine fumarate er
 RISPERDAL CONSTA [INJ]
 risperidone
 thioridazine hcl
 thiothixene
 trifluoperazine hcl
 ziprasidone hcl

ANTISEPTICS & DISINFECTANTS

chlorhexidine gluconate

ANTIVIRALS

abacavir
 abacavir sulfate/lamivudine
 abacavir/lamivudine/zidovudine
 acyclovir
 adefovir dipivoxil
 APTIVUS
 atazanavir sulfate capsule
 ATRIPLA
 cidofovir [INJ]
 CRIXIVAN
 didanosine
 efavirenz
 EMTRIVA
 entecavir
 famciclovir
 fosamprenavir calcium

foscarnet sodium
 INVIRASE
 KALETRA TABLETS
 lamivudine hbv
 lamivudine/zidovudine
 LEXIVA ORAL SUSP
 lopinavir-ritonavir oral soln
 NORVIR CAPSULE, ORAL SOLN & PACKET
 oseltamivir phosphate
 PEGASYS [INJ]
 PEGASYS PROCLICK [INJ]
 RELENZA
 RESCRIPTOR
 rimantadine hcl
 ritonavir
 stavudine
 tenofovir disoproxil 300mg tablet
 TRUVADA
 valacyclovir
 valganciclovir hcl
 VEMLIDY
 VICTRELIS
 VIRACEPT
 VIREAD TABLET 150MG; 200MG; 250MG
 zidovudine

ASSORTED CLASSES

alprostadil [INJ]
 azathioprine
 azathioprine sodium [INJ]
 BEXXAR 14MG/ML [INJ]
 CELLCEPT 500MG VIAL [INJ]
 cyclosporine [INJ]
 delflex w/dextrose
 DEPEN
 ETHAMOLIN
 EXTRANEAL ICODEXTRIN DIALYSIS
 mycophenolate acid del rel
 mycophenolic acid del rel
 NULOJIX [INJ]

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

RAPAMUNE SOLUTION
 SANDIMMUNE SOLUTION 100MG/ML
 SOLUTION
 SIMULECT [INJ]
 sirolimus
 sodium polystyrene sulfonate
 SOTRADECOL [INJ]
 tacrolimus
 THALOMID
 VELTASSA
 water [INJ]
 WATER [INJ]
 water intravenous solution
 water solution; irrigation

BETA BLOCKERS

acebutolol hcl
 atenolol
 betaxolol hcl
 bisoprolol fumarate
 BYSTOLIC
 carvedilol er
 labetalol hcl
 metoprolol succinate er
 metoprolol tartrate
 nadolol
 pindolol
 propranolol hcl
 propranolol hcl er
 sotalol
 SOTALOL HCL [INJ]
 SOTYLIZE
 timolol maleate

BIOLOGICALS MISC

GRASTEK
 RAGWITEK

Calcitonin Gene-Related Peptide (CGRP)

Receptor Antag

AIMOVIG

CALCIUM CHANNEL BLOCKERS

amlodipine besylate
 diltiazem [INJ]
 diltiazem 24hr cd
 diltiazem er
 diltiazem er 24 hour
 diltiazem hcl
 felodipine er
 isradipine
 nifedipine hcl
 nimodipine
 verapamil er
 verapamil er pm
 verapamil hcl [INJ]

CARDIOTONICS

digoxin
 LANOXIN PEDIATRIC
 milrinone in 5% dextrose
 milrinone lactate [INJ]

CARDIOVASCULAR AGENTS - MISC.

ADEMPAS
 amlodipine-atorvastatin
 CAVERJECT [INJ]
 CIALIS
 epoprostenol [INJ]
 isoxsuprine hcl
 LETAIRIS
 MUSE
 NATRECOR [INJ]
 OPSUMIT
 papaverine hcl [INJ]
 papaverine hcl er
 sildenafil citrate tablet
 tadalafil
 TRACLEER

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Cardiovascular, Hypertension & Lipids

REFLUDAN [INJ]
RETAVASE

Cephalosporin Combinations

AVYCAZ
ZERBAXA

CEPHALOSPORINS

cefaclor
cefazolin [INJ]
cefdinir
cefepime [INJ]
cefotaxime [INJ]
cefotetan [INJ]
cefoxitin [INJ]
cefoxitin/dextrose [INJ]
cefpodoxime proxetil
cefprozil
ceftazidime
CEFTAZIDIME IV PIGGYBACK
ceftibuten
ceftriaxone [INJ]
CEFUROXIME 75G BULK BAG
cefuroxime axetil
cefuroxime sodium
cephalexin
FORTAZ IN ISO-OSMOTIC DEXTROSE [INJ]
TEFLARO [INJ]

CONTRACEPTIVES

altavera
alyacen
amethia
amethia lo
apri
aranelle
aubra [INJ]
aviane
azurette

balziva
briellyn
camrese
camrese lo
caziant
chateal
cryselle
cyclafem
dasetta
daysee
drospirenone/eth estra/levomef
elinest
emoquette
enpresse
enskyce
errin
estarylla
falmina
gianvi
gildagia
gildess
gildess fe
heather
introvale
jencycla
jolessa
jolivette
junel
junel fe
kariva
kelnor 1-35
kurvelo
KYLEENA
leena
lessina
levonorgestrel
levora
LO LOESTRIN FE
loryna
low-ogestrel

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

luter
 lyza
 marlissa
 microgestin
 microgestin fe
 MIRENA
 mono-linyah
 mononessa
 myzilra
 NATAZIA
 neon
 NEXPLANON
 nora-be
 norethindrone acetate
 norethindrone/eth estradiol/iron
 norethindrone/ethinyl estradiol
 norethin-eth estra ferrous fum
 nortrel
 NUVARING
 ocella
 ogestrel
 orsythia
 philith
 pirmella
 portia
 quasense
 reclipen
 SKYLA
 sprintec
 sronyx
 syeda
 TAYTULLA
 tilia fe
 tri-estarylla
 tri-legest fe
 tri-linyah
 trinessa
 trivora
 velivet
 vestura

viorele
 wera
 wymzya fe
 zarah
 zenchent
 zenchent fe
 zeosa
 zovia

CORTICOSTEROIDS

a-hydrocort [INJ]
 ARISTOSPAN [INJ]
 BETAMETHASONE
 BETAMETHASONE ACETATE
 BETAMETHASONE SODIUM PHOSPHATE
 budesonide
 budesonide ec
 budesonide er
 cortisone acetate
 dexamethasone
 dexamethasone sodium phosphate
 fludrocortisone acetate
 methylprednisolone
 methylprednisolone acetate [INJ]
 methylprednisolone sod succ [INJ]
 prednisolone
 prednisolone sodium phosphate
 prednisone
 veripred 20

COUGH/COLD/ALLERGY

acetylcysteine
 benzonatate
 brompheniramine/pseudoephedrine
 chlorphen/pse/dm tannate
 D-CHLORPHENIRA/PSE/CHLOPHEDIAN 12.5CPD-
 1DCPM-30PSE
 dihydrocodeine/bpm/pe
 DM/PHENYLEPH/CHLORPHENIRAMINE 10PEH-
 4CPM-20DM

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

guaifenesin/codeine
 hydrocodone/chlorpheniramine er
 hydrocodone/homatropine
 phenylephrine/chlorpheniramine 10peh-4cpm
 promethazine vc/codeine
 promethazine w/codeine
 promethazine/dextromethorphan
 pseudoephedrine hcl er

DERMATOLOGICALS

ABSORICA
 acitretin
 acyclovir 5% oint
 adapalene cream, gel
 adapalene-benzoyl peroxide gel
 alclometasone dipropionate
 alphaquin hp
 aluminum chloride topical
 amcinonide
 ammonium lactate
 AMMONIUM LACTATE
 ANTHRALIN
 avo cream
 benprox
 benzoyl peroxide
 betamethasone dipropionate augment
 betamethasone valerate
 calcipotriene
 calcitriol [INJ]
 CARAC
 CHLORHEXIDINE GLUCONATE 0.2 SOLUTION
 ciclopirox
 clindamycin phosphate topical
 clindamycin phos-tretinoin
 clindamycin/benzoyl peroxide
 clobetasol e
 clobetasol propionate
 clotrimazole
 clotrimazole/betamethasone
 cocaine hcl

COCAINE HCL
 desonide
 desoximetasone
 dexpanthenol
 DEXPANTHENOL
 diflorasone diacetate cream
 DUPIXENT [INJ]
 econazole nitrate
 eletone
 ELIDEL
 emulsion sb
 ENSTILAR
 EPIDUO FORTE
 erythromycin solution
 erythromycin-benzoyl peroxide
 ETHYL ALCOHOL
 ethyl chloride
 FINACEA
 FLECTOR
 fluocinolone acetonide
 fluocinonide
 fluorouracil
 fluticasone propionate
 halobetasol propionate
 hpr
 hpr plus
 hydrocortisone
 hydrocortisone acetate
 hydrocortisone butyrate
 hydrocortisone butyrate/emoll
 hydrocortisone valerate
 hydroquinone cream
 hydroquinone er cream
 imiquimod
 lactic acid
 LACTIC ACID 88 TO 92 %
 lidocaine
 lidocaine hcl
 lidocaine/prilocaine
 lindane

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

lustra-ultra
 mafenide acetate
 malathion
 mb hydrogel
 MIRVASO
 mometasone furoate
 mupirocin
 nuquin hp
 nystatin w/triamcinolone
 ONEXTON
 ORACEA
 OXSORALEN 1% LOTION
 permethrin
 PERMETHRIN
 PICATO
 podofilox
 pruclair
 prumyx
 protect
 REGRANEX
 salicylic acid
 SALICYLIC ACID
 SANTYL
 selenium sulfide
 silver sulfadiazine
 sodium sulfacetamide/sulfur
 sonafine
 SOOLANTRA
 spinosad
 STELARA [INJ]
 sulfacetamide sodium
 SULFAMYLON CREAM
 TACLONEX SUSPENSION
 TARGRETIN GEL
 TAZORAC GEL
 tl-cermide
 tretinoin
 tretinoin microsphere
 urea
 UREAM POWDER, BEADS

VALCHLOR
 ZOVIRAX 5% CREAM

DIAGNOSTIC PRODUCTS

APLISOL [INJ]
 candin
 cosyntropin [INJ]
 EOIVIST [INJ]
 KINEVAC [INJ]
 LEXISCAN
 md-gastroview
 OMNIPAQUE
 TUBERSOL [INJ]

DIAGNOSTICS & MISCELLANEOUS AGENTS

BROMHEXINE HYDROCHLORIDE
 neomycin-polymyxin b [INJ]
 SEROTONIN HCL
 TRYPSIN
 UVA URSI LEAF FLUID EXTRACT

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

folbee
 folbic
 folic acid
 folic acid/cyancobal/pyridoxine
 foltanx
 l-mefolate-pyridox-mecobalamin
 l-methyl-b6-b12
 l-methylfolate calcium
 l-methylfolate-mecobalamin-nac
 metafolbic
 metafolbic plus
 methyl-b6-b12
 virt-vite forte

DIGESTIVE AIDS

CREON
 pancrelipase

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

SUCRAID
 VIOKACE
 ZENPEP DEL-REL

Diluent

DILUENT FOR REMODULIN
 epoprostenol diluent [INJ]

DIURETICS

acetazolamide
 acetazolamide er
 amiloride hcl
 amiloride hcl w/hctz
 bumetanide
 chlorothiazide
 chlorothiazide sodium [INJ]
 chlorthalidone
 ethacrynate sodium
 furosemide
 hydrochlorothiazide
 indapamide
 mannitol
 methazolamide
 methyclothiazide
 metolazone
 spironolactone
 spironolactone/hctz
 torsemide

ENDOCRINE AND METABOLIC AGENTS -

MISC.

alendronate sodium
 AMMONUL [INJ]
 cabergoline
 calcitonin salmon nasal
 clomiphene citrate
 CYSTADANE
 desmopressin acetate [INJ]
 doxercalciferol
 etidronate disodium

FORTEO [INJ]
 GENOTROPIN
 ibandronate [INJ]
 levocarnitine
 LUPRON DEPOT-PED [INJ]
 MIACALCIN VIAL [INJ]
 MYOZYME [INJ]
 NORDITROPIN
 NOVAREL 5000 UNIT
 paricalcitol
 risedronate dr
 risedronate sodium
 SANDOSTATIN KIT [INJ]
 SENSIPAR
 SIGNIFOR [INJ]
 sodium phenylbutyrate
 SYNAREL
 vasopressin [INJ]
 vasopressin-ns
 XURIDEN
 ZOMETA INFUSION BOTTLE [INJ]

ENDOCRINE/DIABETES

SOLOSITE
 SURE-T PARADIGM
 VGO 20
 VGO 30
 VGO 40

**Estrogen-Selective Estrogen Receptor
 Modulator Comb**

DUAVEE

ESTROGENS

COMBIPATCH
 DEPO-ESTRADIOL [INJ]
 DIVIGEL
 estradiol patch
 estradiol tablet/cream
 estradiol valerate [INJ]

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

estradiol/norethindrone acetate
estrogen/methyltestosterone
estropipate
MINIVELLE
PREMARIN
PREMPHASE
PREMPRO
yuvafem

Fentanyl Combinations

fentanyl

FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin er
ciprofloxacin suspension
ciprofloxacin/dextrose [INJ]
moxifloxacin hcl
MOXIFLOXACIN HCL IV PIGGYBACK

GASTROENTEROLOGY

CITRA PH
dronabinol
droperidol [INJ]
GLUTAMENT
GLUTASOLVE
meclizine hcl
sodium bicarbonate [INJ]

GASTROINTESTINAL AGENTS - MISC.

AMITIZA
balsalazide disodium
CANASA
DELZICOL
eliphos
lanthanum carbonate
LINZESS
mesalamine
metoclopramide hcl
MOVANTIK

PENTASA
PHOSLYRA
RELISTOR [INJ]
sevelamer carbonate
sulfasalazine
sulfasalazine dr
ursodiol
VELPHORO
VIBERZI

GENERAL ANESTHETICS

BREVITAL [INJ]
etomidate [INJ]
ketamine hcl [INJ]
midodrine hcl
propofol

GENITOURINARY AGENTS - MISCELLANEOUS

acetic acid irrigation
alfuzosin hcl er
AMINOACETIC ACID
CYSTAGON
ELMIRON
finasteride
glycine
k-phos neutral
K-PHOS ORIGINAL
phenazopyridine hcl
phenazopyridine plus
potassium citrate er
RAPAFLO
RENACIDIN
RESECTISOL
tamsulosin hcl er 24 hr
tricitrates

GOUT AGENTS

allopurinol
allopurinol sodium

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

COLCRYS
probenecid
ULORIC

HEMATOLOGICAL AGENTS - MISC.

ADVATE H [INJ]
ADVATE L [INJ]
ADVATE N [INJ]
ADVATE SH [INJ]
ADVATE UH [INJ]
albumin
anagrelide hydrochloride
aspirin / dipyridamole er
BEBULIN VH IMMUNO [INJ]
BRILINTA
CATHFLO ACTIVASE [INJ]
cilostazol
clopidogrel
CORIFACT [INJ]
dipyridamole [INJ]
eptifibatide
hetastarch w/sodium chloride [INJ]
HEXTEND LACTATED ELECTROLYTE
OBIZUR
PANHEMATIN [INJ]
pentoxifylline
prasugrel hcl
protamine sulfate [INJ]
REOPRO [INJ]
TRETEN
XYNTHA [INJ]

HEMATOPOIETIC AGENTS

centratex
dexferrum
DROXIA
fe 90 plus
fe c
ferocon
ferottrinsic

ferraplus 90
ferrex 150 forte
ferrex 150 forte plus
ferrex 28
ferrocite plus
ferrogels forte
GRANIX [INJ]
hydroxocobalamin
MOZOBIL [INJ]
NASCOBAL [INJ]
NEULASTA [INJ]
NEUPOGEN [INJ]
PROCRIT [INJ]
therapeutic hematinic
tl-hem 150 er 24 hr
VENOFER [INJ]
vp-heme one

HEMOSTATICS

AMICAR
tranexamic acid

HYPNOTICS

AMYTAL [INJ]
flurazepam hcl
midazolam hcl
NEMBUTAL SODIUM [INJ]
phenobarbital
phenobarbital sodium [INJ]
ROZEREM
seconal sodium
temazepam
triazolam
zaleplon
zolpidem tartrate
zolpidem tartrate er

**IMMUNOLOGY, VACCINES &
BIOTECHNOLOGY**

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

CERVARIX [INJ]
COMVAX [INJ]
CROFAB [INJ]

Implanon IMPLANT 68 MG Subcutaneous

IMPLANON

LAXATIVES

CLENPIQ
lactulose
peg 3350-electrolyte
polyethylene glycol
POLYETHYLENE GLYCOL
PREPOPIK
SUCLEAR
SUPREP

LOCAL ANESTHETICS-Parenteral

BENZOCAINE
bupivacaine hcl
bupivacaine/dextrose [INJ]
bupivacaine/epinephrine [INJ]
chloroprocaine [INJ]
lidocaine hcl w/epinephrine [INJ]
ropivacaine
sensorcaine 5MG/ML VIAL [INJ]

MACROLIDES

azithromycin [INJ]
clarithromycin
clarithromycin er
ERYTHROCIN LACTOBIONATE [INJ]
erythromycin
erythromycin del rel
erythromycin ethylsuccinate
erythromycin stearate
erythromycin/sulfisoxazole

MEDICAL DEVICES

1ST CHOICE LANCETS
ACCU-CHEK FASTCLIX, MULTICLIX, SOFTCLIX
LANCETS [OTC]
ACCU-CHEK SOFTCLIX LANCETS DEVICE [OTC]
DEXCOM G4 METER
DEXCOM G4 SENSOR
DEXCOM G4 TRANSMITTER
DEXCOM G5 METER
DEXCOM G5 TRANSMITTER
FEMCAP
FORA LANCING DEVICE
FREESTYLE CONTROL SOLUTION
FREESTYLE FREEDOM KIT [OTC]
FREESTYLE FREEDOM LITE
FREESTYLE FREEDOM LITE METER [OTC]
FREESTYLE INSULINX
FREESTYLE INSULINX GLUCOSE SYSTEM [OTC]
FREESTYLE INSULINX TEST STRIPS [OTC]
FREESTYLE LITE METER [OTC]
FREESTYLE LITE TEST STRIPS [OTC]
FREESTYLE TEST STRIPS [OTC]
MEDISENSE
MEDISENSE GLUCOSE KETONE CONTR
MINIMED
MINIMED RESERVOIR
NOVOFINE
NOVOFINE AUTOCOVER
ONE TOUCH ULTRA 2
ONE TOUCH ULTRA TEST STRIPS
ONE TOUCH VERIO
ONE TOUCH VERIO FLEX
ONE TOUCH VERIO IQ
ONE TOUCH VERIO SYNC
ORTHO-DIAPHRAGM
PARADIGM INFUSION
PARADIGM INSULIN PUMP
PARADIGM SILHOUETTE
POLYFIN QR
PRECISION XTRA B-KETONE STRIPS [OTC]
PRECISION XTRA MONITOR [OTC]

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

PRECISION XTRA TEST STRIPS [OTC]
 PRODIGY INSULIN SYRINGE
 PRODIGY PEN NEEDLE
 QUICK RELEASE SOFT TEFLON
 SILHOUETTE
 SNAP INSULIN PUMP CONTROLLER
 SOF-SET
 SOF-SET MICRO
 SOFT TOUCH

MIGRAINE PRODUCTS

dihydroergotamine mesylate
 DIHYDROERGOTAMINE MESYLATE
 eletriptan hbr
 ergoloid mesylates
 ergotamine-caffeine
 ISOMETHEPTENE MUCATE
 naratriptan hcl
 rizatriptan
 rizatriptan disintegrating tablets
 sumatriptan succinate
 zolmitriptan
 zolmitriptan ODT
 ZOMIG SPRAY

MINERALS & ELECTROLYTES

ADDAMEL N [INJ]
 AMMONIUM CHLORIDE [INJ]
 calcium acetate
 calcium chloride [INJ]
 CALCIUM CHLORIDE [INJ]
 calcium gluconate [INJ]
 CALCIUM GLUCONATE 61MG
 chromium chloride [INJ]
 citric acid
 copper chloride [INJ]
 dextrose in lactated ringers
 dextrose with sodium chloride
 GLYCOPHOS [INJ]
 IODOPEN [INJ]

IONOSOL B WITH DEXTROSE 5%
 ISOLYTE S [INJ]
 magnesium sulfate [INJ]
 MAGNESIUM SULFATE [INJ]
 MAGNESIUM SULFATE IN DEXTROSE [INJ]
 manganese [INJ]
 manganese sulfate [INJ]
 MULTITRACE-4 [INJ]
 MULTITRACE-5 [INJ]
 NEUT [INJ]
 NORMOSOL-M AND DEXTROSE [INJ]
 NORMOSOL-R AND DEXTROSE [INJ]
 NORMOSOL-R PH 7.4 [INJ]
 nutrilite [INJ]
 nutrilite ii [INJ]
 PEDITRACE [INJ]
 PLASMA-LYTE 148 [INJ]
 pot chloride/dextrose/ns [INJ]
 potassium acetate [INJ]
 POTASSIUM ACETATE [INJ]
 potassium bicarbonate
 POTASSIUM BICARBONATE
 potassium chl-normal saline [INJ]
 potassium chloride
 POTASSIUM CHLORIDE
 potassium chloride/dextrose [INJ]
 ringers [INJ]
 ringers irrigation
 selenium [INJ]
 sodium acetate [INJ]
 sodium lactate [INJ]
 SODIUM LACTATE [INJ]
 SODIUM PHOSPHATE [INJ]
 sodium phosphate 3mmol/ml vial [INJ]
 TPN ELECTROLYTES 18-18-5MEQ [INJ]
 TRACE ELEMENTS [INJ]
 zinc chloride
 ZINC CHLORIDE

Mixed Allergenic Extracts

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

ODACTRA

Monobactams

AZACTAM-ISO-OSMOTIC DEXTROSE [INJ]
aztreonam [INJ]

MOUTH/THROAT/DENTAL AGENTS

cevimeline hcl
FIRST-BXN
FIRST-MOUTHWASH BLM
sodium fluoride
SODIUM FLUORIDE

MULTIVITAMINS

advanced am/pm
bal-care dha
b-complex
complete natal dha
corvita
dailyvite
dialyvite 800
elite ob
elite-ob
fabb
folbee plus
folcaps
folcaps omega-3
folivane-ob
folivane-plus
folivane-prx dha nf
hemenatal ob
hemenatal ob + dha
inatal advance
inatal gt
inatal ultra
INFUVITE [INJ]
LEVOMEFOLATE DHA
m.v.i. adult [INJ]
M.V.I. PEDIATRIC [INJ]
M.V.I.-12 [INJ]

macnatal cn dha
mynatal
mynatal advance
mynatal caps
mynatal plus
mynatal-z
mynate 90 plus er
mynephrocaps
natal-v rx
natalvirt 90 dha
natalvirt ca
natalvirt flt
nephplex rx
nephro-vite rx
nutri-tab ob
obstetrix dha
pnv ob+dha
pnv-dha
pnv-first
pnv-omega
pnv-select
pnv-total
pr natal 400
pr natal 400 ec
pr natal 430
pr natal 430 ec
prefol-dha
prena1
prena1 chew
prena1 plus
prenaissance
prenaissance 90 dha
prenaissance balance
prenaissance dha
prenaissance harmony dha
prenaissance next
prenaissance plus
prenaplus
prenatabs fa
prenatabs rx

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

prenatal ad
 prenatal low iron
 prenatal plus
 prenatal-u
 relnate dha
 renal caps
 renalpren
 rena-vite rx
 reno caps
 se-natal 19
 se-tan dha prenatal
 se-tan plus
 strovite
 taron forte
 taron prenatal
 taron-bc
 taron-c dha
 taron-duo ec
 therapeutic vitamin/minerals
 tl g-fol os
 tl-fol 500 er
 tl-select
 tri rx
 triadvance
 trinatal gt
 trinatal rx 1
 trinate
 triphrocaps
 triveen-duo dha
 triveen-prx rnf
 ultimate ob dha
 v-c forte
 vemavite-prx 2
 vena-bal dha
 venatal complete dha
 venatal-fa
 vinate dha
 vinate gt
 vinate ic
 vinate ii

vinate one
 vinate ultra
 vinate-m
 virt-bal dha
 virt-pn dha
 virt-pn plus
 virt-select
 virt-vite
 vitafol-pn
 v-natal
 vol-care rx
 vol-nate
 vol-plus
 vol-tab rx
 vp-ch plus
 vp-ch-pnv
 vp-zel
 zatean-ch
 zatean-pn
 zatean-pn dha
 zatean-pn plus

MUSCULOSKELETAL THERAPY AGENTS

baclofen
 chlorzoxazone
 cyclobenzaprine hcl
 CYCLOBENZAPRINE HCL
 dantrolene sodium
 methocarbamol
 orphenadrine citrate [INJ]
 orphenadrine compound
 tizanidine hcl

NASAL AGENTS - SYSTEMIC AND TOPICAL

azelastine hcl
 DYMISTA
 flunisolide nasal spray
 fluticasone nasal spray
 ipratropium bromide spray
 mometasone furoate nasal

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018

oxymetazoline hcl 12 hour
QNASL
triamcinolone acetonide

**Neprilysin Inhib (ARNI)-Angiotensin II
Recept Antag Comb**

ENTRESTO

NEUROMUSCULAR AGENTS

anectine [INJ]
riluzole

NUTRIENTS

amino acid [INJ]
CLINIMIX [INJ]
CLINIMIX E
dextrose in water
intralipid
PROCALAMINE

OBSTETRICS & GYNECOLOGY

TODAY CONTRACEPTIVE SPONGE

OPHTHALMIC AGENTS

ALPHAGAN P 0.001%
ALREX
apraclonidine ophth solution
atropine sulfate
AZASITE
azelastine hcl ophth solution
bacitracin/polymyxin ophth oint
balanced salt ophth irrigation
BEPREVE
betaxolol ophth solution
bimatoprost
brimonidine ophth solution
bromfenac ophth
CARBACHOL [INJ]
carteolol hcl
ciprofloxacin ophth solution

COMBIGAN
cromolyn sodium
cyclopentolate ophth solution
CYSTARAN
dexamethasone sod phos ophth
dorzolamide hcl
dorzolamide/timolol
epinastine hcl
erythromycin ointment
FLUORESCEIN SODIUM
fluorometholone
flurbiprofen
flurbiprofen sodium
gatifloxacin
gentasol
homatropine hydrobromide
HOMATROPINE HYDROBROMIDE
ILEVRO
ISOPTO CARBACHOL 0.015
ketorolac tromethamine
ketorolac tromethamine drops
latanoprost drops
levobunolol hcl drops
levofloxacin hemihydrate
LOTEMAX
metipranolol drops
MOXEZA
naphazoline hcl
NATACYN
neomycin/bacitracin/poly/hc
neomycin/polymyxin/gramicidin
NEVANAC
ofloxacin
olopatadine hcl (ophthalmic)
PAZEO
PHOSPHOLINE IODIDE DROPS
pilocarpine hcl
PILOPINE HS
prednisolone acetate
prednisolone sodium phosphate drops

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

PROLENSA
 proparacaine hcl
 proparacaine/fluorescein
 RESTASIS
 RESTASIS MULTIDOSE
 RHOPRESSA
 sodium chloride drops
 sulfacetamide w/prednisolone
 tetracaine drops
 TOBRADEX OINTMENT
 TOBRADEX ST
 tobramycin sulfate drops
 tobramycin/dexamethasone
 TRAVATAN Z
 travoprost
 trifluridine
 tropicamide
 XIIDRA
 ZYLET

Ophthalmic Gene Therapy

LUXTURNA

OTIC AGENTS

ACETIC ACID
 acetic acid otic solution
 acetic acid/aluminum otic sol
 acetic acid/hydrocortisone otic sol
 antipyrine/benzocaine otic sol
 antipyrine/benzocaine/poly otic sol
 chloroxylenol/benzocaine/hc acetate otic susp
 CIPRODEX
 ciprofloxacin hcl
 CIPROFLOXACIN HCL
 neomycin/polymyxin/hc otic susp & soln
 ofloxacin otic drops
 OTOVEL

OXYTOCICS

ERGONOVINE MALEATE
 HEMABATE [INJ]
 methylergonovine maleate
 oxytocin [INJ]

PASSIVE IMMUNIZING AGENTS

CYTOGAM [INJ]
 GAMASTAN S-D [INJ]
 GAMUNEX [INJ]
 HYPERHEP B S-D [INJ]
 HYPERTET S-D
 VARIZIG [INJ]

PCSK9 Inhibitors

PRALUENT PEN
 PRALUENT SYRINGE
 REPATHA PUSHTRONEX
 REPATHA SURECLICK
 REPATHA SYRINGE

PENICILLINS

amoxicillin
 amoxicillin/clavulanate er
 ampicillin [INJ]
 ampicillin/sulbactam [INJ]
 AUGMENTIN 125-31.25 MG/5ML
 dicloxacillin sodium
 nafcillin dextrose [INJ]
 nafcillin sodium [INJ]
 oxacillin sodium [INJ]
 penicillin g potassium [INJ]
 penicillin g procaine
 penicillin g sodium [INJ]
 PENICILLIN GK-ISO-OSM DEXTROSE
 penicillin v potassium
 piperacillin-tazobactam [INJ]
 TIMENTIN [INJ]
 ZOSYN IV SOLUTION [INJ]

PROGESTINS

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

MAKENA [INJ]
 medroxyprogesterone acetate [INJ]
 progesterone in oil [INJ]
 progesterone micronized

Protease-Activated Receptor-1 (PAR-1)

Antagonists

ZONTIVITY

**PSYCHOTHERAPEUTIC AND
 NEUROLOGICAL AGENTS - MISC.**

acamprosate calcium
 amitriptyline/chlordiazepoxide
 AVONEX [INJ]
 BRISDELLE
 CHANTIX
 disulfiram
 donepezil hcl
 galantamine
 GILENYA
 memantine
 NAMENDA XR
 NAMZARIC
 NAMZARIC THERAPY PACK
 NUEDEXTA
 olanzapine/fluoxetine hcl
 perphenazine/amitriptyline
 PLEGRIDY
 rivastigmine
 SAVELLA
 TECFIDERA
 XYREM

Pulmonary Hypertension - Prostacyclin

Receptor Agonist

UPTRAVI

RESPIRATORY AGENTS - MISC.

FASENRA
 SYMDEKO

Sinus Node Inhibitors

CORLANOR

Spinal Muscular Atrophy Agents (SMA)

SPINRAZA

Tazarotene CREAM 0.1 % External

tazarotene cream

TETRACYCLINES

COREMINO
 demeclocycline hcl
 doxycycline hyclate
 doxycycline monohydrate
 MINOCIN 100MG VIAL
 minocycline hcl
 minocycline hcl er
 ocudox
 SOLODYN ER
 TETRACYCLINE

THYROID AGENTS

ARMOUR THYROID
 levothyroxine sodium
 LEVOTHYROXINE SODIUM
 liothyronine sodium
 methimazole
 propylthiouracil

TOXOIDS

ADACEL [INJ]
 BOOSTRIX [INJ]
 INFANRIX [INJ]
 PEDIARIX [INJ]
 PENTACEL
 QUADRACEL DTAP-IPV

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

TETANUS DIPHTHERIA TOXOIDS [INJ]
TETANUS DIPHTHERIA TOXOIDS - PED [INJ]

ULCER DRUGS

carafate
cimetidine
dicyclomine hcl
esomeprazole
famotidine
glycopyrrolate
hyoscyamine sulfate
hyoscyamine sulfate disintegrating tablets
hyoscyamine sulfate er
lansoprazole
lansoprazole/amoxicillin/clarithromycin
LEVSIN 0.5MG/ML AMPUL
misoprostol
NEXIUM (RX) SUSP
NEXIUM 24HR
nizatidine
omeprazole
omeprazole sodium bicarbonate
pantoprazole sodium
ranitidine hcl
sucralfate

URINARY ANTI-INFECTIVES

hyophen
methenamine hippurate
methenamine mandelate
nitrofurantoin
nitrofurantoin macrocrystal
phosphasal
uretron d-s
urimar-t
urin d.s.
urogesic
ustell

URINARY ANTISPASMODICS

bethanechol chloride
darifenacin er
flavoxate hcl
GELNIQUE
MYRBETRIQ ER 24 HR
oxybutynin chloride
oxybutynin chloride er
tolterodine tartrate
TOVIAZ
trospium chloride er
VESICARE

VACCINES

ACTHIB [INJ]
AFLURIA
AFLURIA QUAD
BEXSERO
BIOTHRAX [INJ]
ENGERIX-B [INJ]
FLUAD
FLUBLOK
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST
FLUZONE HIGH-DOSE
FLUZONE QUAD
GARDASIL 9 [INJ]
HAVRIX [INJ]
IMOVAX RABIES VACCINE [INJ]
IPOL [INJ]
IXIARO [INJ]
MENACTRA [INJ]
MENOMUNE-A-C-Y-W-135 [INJ]
M-M-R II VACCINE W/DILUENT [INJ]
PEDVAXHIB [INJ]
PNEUMOVAX 23 [INJ]
PREVNAR 13
PROQUAD [INJ]
RABAVERT

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

RECOMBIVAX HB [INJ]
 ROTATEQ
 SHINGRIX
 STAMARIL
 TRUMENBA
 TWINRIX [INJ]
 TYPHIM VI [INJ]
 VAQTA VIAL
 VARIVAX VACCINE [INJ]
 VAXCHORA VACCINE
 VIVOTIF BERNA DEL REL
 YF-VAX [INJ]

VAGINAL PRODUCTS

clindamycin phosphate vaginal
 CRINONE
 ESTRING
 miconazole 1
 MICONAZOLE 1
 PREMARIN CREAM
 terconazole

VASOPRESSORS

dobutamine [INJ]
 dobutamine/dextrose [INJ]
 dopamine hcl [INJ]
 dopamine hcl in 5% dextrose
 epinephrine ampule/vial
 EPINEPHRINE AUTO-INJECTOR [INJ]
 norepinephrine bitartrate [INJ]
 phenylephrine hcl [INJ]
 phenylephrine hcl-ns
 PHENYLEPHRINE HCL-NS

VITAMINS

AQUASOL A [INJ]
 ascorbic acid [INJ]
 ASCORBIC ACID [INJ]
 phytonadione
 PHYTONADIONE

pyridoxine hcl
 PYRIDOXINE HCL
 vitamin a
 VITAMIN A

VITAMINS, HEMATINICS & ELECTROLYTES

cavan-alpha kit
 cavan-ec sod dha
 choice-ob + dha
 choice-tabs
 elite-ob 400
 FERAHEME
 folbecal
 folivane-f
 folplex 2.2
 hematinic plus
 hematinic with folic acid
 hematogen
 hematogen fa
 hematogen forte
 hemetab
 iferex 150 forte
 mefolate-pyridox-mecobalamin
 multigen
 multigen folic
 multigen plus
 multivitamin w/fluoride & iron
 multivitamin with fluoride
 poly-iron 150 forte
 polysaccharide iron forte
 setonet
 setonet ec
 thiamine hcl
 tl gard rx
 tl icon
 tl-care dha
 tricon
 trigels-f forte
 trinatal ultra
 triveen-one

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.



triveen-ten
triveen-u
trust natal dha
ultimatecare one
ultimatecare one nf
vinacal
vinate az
vinate c
vinate calcium
virt-bal dha plus
virt-pn
vitacirc-b
vp-era ob plus
vp-ggr-b6
zingiber

X-Linked Hypophosphatemia (XLH)

Treatment - Agents

CRYSVITA

2019 AscellaHealth Enhanced Formulary is subject to change at any time. Inclusion on this list does not guarantee coverage. Coverage is based on your specific benefit plan. Generic medications contain the same active ingredients as their corresponding brand name medications, though they may appear different in shape and color. They have been FDA -approved under strict standards.

Last Updated: December 21,2018